

## PROJECT 10073 RECORD

1. DATE, TIME GROUP 20 Sept 68 0355L	2. LOCATION Ewa Beach, Hawaii (1 Witness)	
3. SOURCE Civilian	10. CONCLUSION Other: (UNRELIABLE REPORT)	
4. NUMBER OF OBJECTS One	5. LENGTH OF OBSERVATION 1 Minute	11. BRIEF SUMMARY AND ANALYSIS The observer is only 12 yrs old. Since it is very doubtful that a dark object would be seen against a dark background, and there were no other witnesses, also <del>thru</del> due to the extreme young age of the observer, the sighting is being carried as Unreliable Report.
6. TYPE OF OBSERVATION Ground-Visual	7. COURSE See Case	The observer sighted a gray disc shaped object in the SW that had a back and forth movement.
8. PHOTOS <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	9. PHYSICAL EVIDENCE <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

FORM  
FTD SEP 63 0-329 (TDE) Previous editions of this form may be used.

**U.S. AIR FORCE TECHNICAL INFORMATION**

This questionnaire has been prepared so that you can give the U.S. Air Force as much information as possible concerning the unidentified aerial phenomenon that you have observed. Please try to answer as many questions as you possibly can. The information that you give will be used for research purposes. Your name will not be used in connection with any statements, conclusions, or publications without your permission. We request this personal information so that if it is deemed necessary, we may contact you for further details.

<p>1. When did you see the object?</p> <p><u>20</u>      <u>Sept</u>      <u>68</u></p> <p>Day              Month              Year</p>	<p>2. Time of day: <u>3</u> <u>55</u></p> <p>Hour              Minutes</p> <p>(Circle One): <input checked="" type="radio"/> A.M. or <input type="radio"/> P.M.</p>		
<p>3. Time Zone:</p> <p>(Circle One): a. Eastern b. Central c. Mountain d. Pacific e. Other _____</p> <p>(Circle One): a. Daylight Saving b. Standard</p>			
<p>4. Where were you when you saw the object?</p> <p style="text-align: center;">✓</p> <p>Nearest Postal Address _____</p> <p>City or Town _____</p> <p>State or County _____</p>			
<p>5. How long was object in sight? (Total Duration)</p> <p style="text-align: center;"> </p> <p style="text-align: center;">Hours      Minutes      Seconds</p> <p>a. Certain      c. Not very sure b. Fairly certain      d. Just a guess</p>			
<p>5.1 How was time in sight determined? _____</p>			
<p>5.2 Was object in sight continuously? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p>			
<p>6. What was the condition of the sky?</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; text-align: center; padding: 5px;"> <p>DAY</p> <p>a. Bright <input checked="" type="radio"/> b. Cloudy</p> </td> <td style="width: 50%; text-align: center; padding: 5px;"> <p>NIGHT</p> <p>a. Bright b. Cloudy</p> </td> </tr> </table>		<p>DAY</p> <p>a. Bright <input checked="" type="radio"/> b. Cloudy</p>	<p>NIGHT</p> <p>a. Bright b. Cloudy</p>
<p>DAY</p> <p>a. Bright <input checked="" type="radio"/> b. Cloudy</p>	<p>NIGHT</p> <p>a. Bright b. Cloudy</p>		
<p>7. IF you saw the object during DAYLIGHT, where was the SUN located as you looked at the object?</p> <p>(Circle One): a. In front of you b. In back of you c. To your right d. To your left e. Overhead <input checked="" type="radio"/> f. Don't remember</p>			

8. IF you saw the object at NIGHT, what did you notice concerning the STARS and MOON?

8.1 STARS (Circle One):

- a. None
- b. A few
- c. Many
- d. Don't remember

8.2 MOON (Circle One):

- a. Bright moonlight
- b. Dull moonlight
- c. No moonlight - pitch dark
- d. Don't remember

9. What were the weather conditions at the time you saw the object?

CLOUDS (Circle One):

- a. Clear sky
- b. Hazy
- c. Scattered clouds
- d. Thick or heavy clouds

WEATHER (Circle One):

- a. Dry
- b. Fog, mist, or light rain
- c. Moderate or heavy rain
- d. Snow
- e. Don't remember

10. The object appeared: (Circle One):

- a. Solid
- b. Transparent
- c. Vapor
- d. As a light
- e. Don't remember

11. If it appeared as a light, was it brighter than the brightest stars? (Circle One):

- a. Brighter
- b. Dimmer
- c. About the same
- d. Don't know

11.1 Compare brightness to some common object:

\_\_\_\_\_

12. The edges of the object were:

(Circle One): a. Fuzzy or blurred  
b. Like a bright star  
 c. Sharply outlined  
d. Don't remember

c. Other \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

13. Did the object:

(Circle One for each question)

a. Appear to stand still at any time?	Yes	No	Don't know
b. Suddenly speed up and rush away at any time?	Yes	No	Don't know
c. Break up into parts or explode?	Yes	No	Don't know
d. Give off smoke?	Yes	No	Don't know
e. Change brightness?	Yes	No	Don't know
f. Change shape?	Yes	No	Don't know
g. Flash or flicker?	Yes	No	Don't know
h. Disappear and reappear?	Yes	No	Don't know

*BACK  
and  
forth  
MOVING*

14. Did the object disappear while you were watching it? If so, how?

*It went behind a cloud*

15. Did the object move behind something at any time, particularly a cloud?

(Circle One):

Yes

No

Don't Know.

IF you answered YES, then tell what

it moved behind: \_\_\_\_\_

\_\_\_\_\_

16. Did the object move in front of something at any time, particularly a cloud?

(Circle One):

Yes

No

Don't Know.

IF you answered YES, then tell what

in front of: *It moves in front of a cloud*

\_\_\_\_\_

17. Tell in a few words the following things about the object:

a. Sound \_\_\_\_\_

b. Color *grey*

18. We wish to know the angular size. Hold a match stick at arm's length in line with a known object and note how much of the object is covered by the head of the match. If you had performed this experiment at the time of the sighting, how much of the object would have been covered by the match head?

*It would do at the match head  
would probably cover the object*

19. Draw a picture that will show the shape of the object or objects. Label and include in your sketch any details of the object that you saw such as wings, protrusions, etc., and especially exhaust trails or vapor trails.

Place an arrow beside the drawing to show the direction the object was moving.



20. Do you think you can estimate the speed of the object?

(Circle One)  Yes  NoIF you answered YES, then what speed would you estimate? *not to see it  
not to count*

21. Do you think you can estimate how far away from you the object was?

(Circle One)  Yes  NoIF you answered YES, then how far away would you say it was? *pretty far*22. Where were you located when you saw the object?  
(Circle One):

- a. Inside a building
- b. In a car
- c. Outdoors
- d. In an airplane (type)
- e. At sea
- f. Other \_\_\_\_\_

23. Were you (Circle One)

- a. In the business section of a city?
- b. In the residential section of a city?
- c. In open countryside?
- d. Near an airfield?
- e. Flying over a city?
- f. Flying over open country?
- g. Other \_\_\_\_\_

24. IF you were MOVING IN AN AUTOMOBILE or other vehicle at the time, then complete the following questions:

24.1 What direction were you moving? (Circle One)

a. North	c. East	e. South	g. West
b. Northeast	d. Southeast	f. Southwest	h. Northwest

24.2 How fast were you moving? \_\_\_\_\_ miles per hour.

24.3 Did you stop at any time while you were looking at the object?

(Circle One)  Yes  No

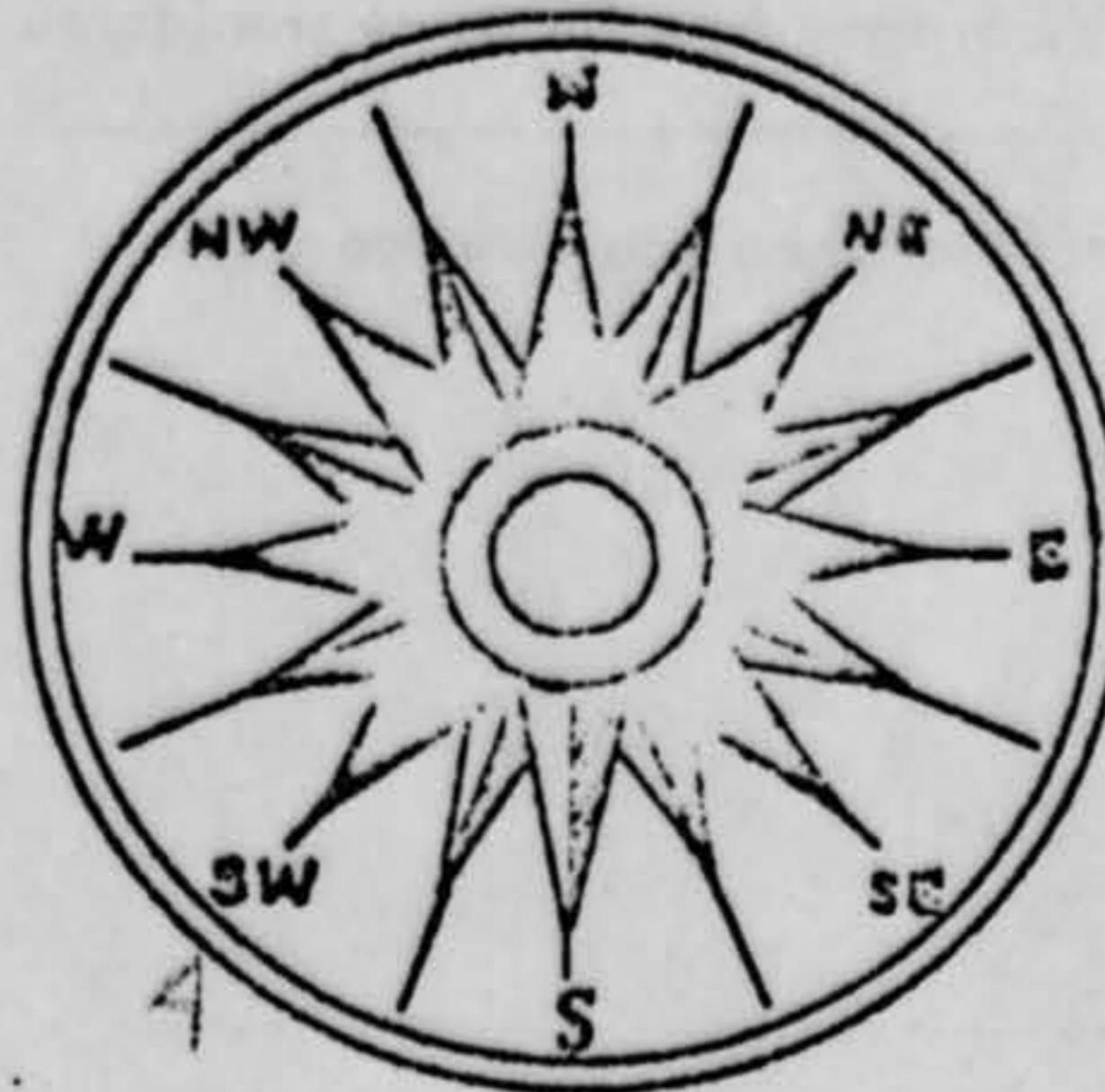
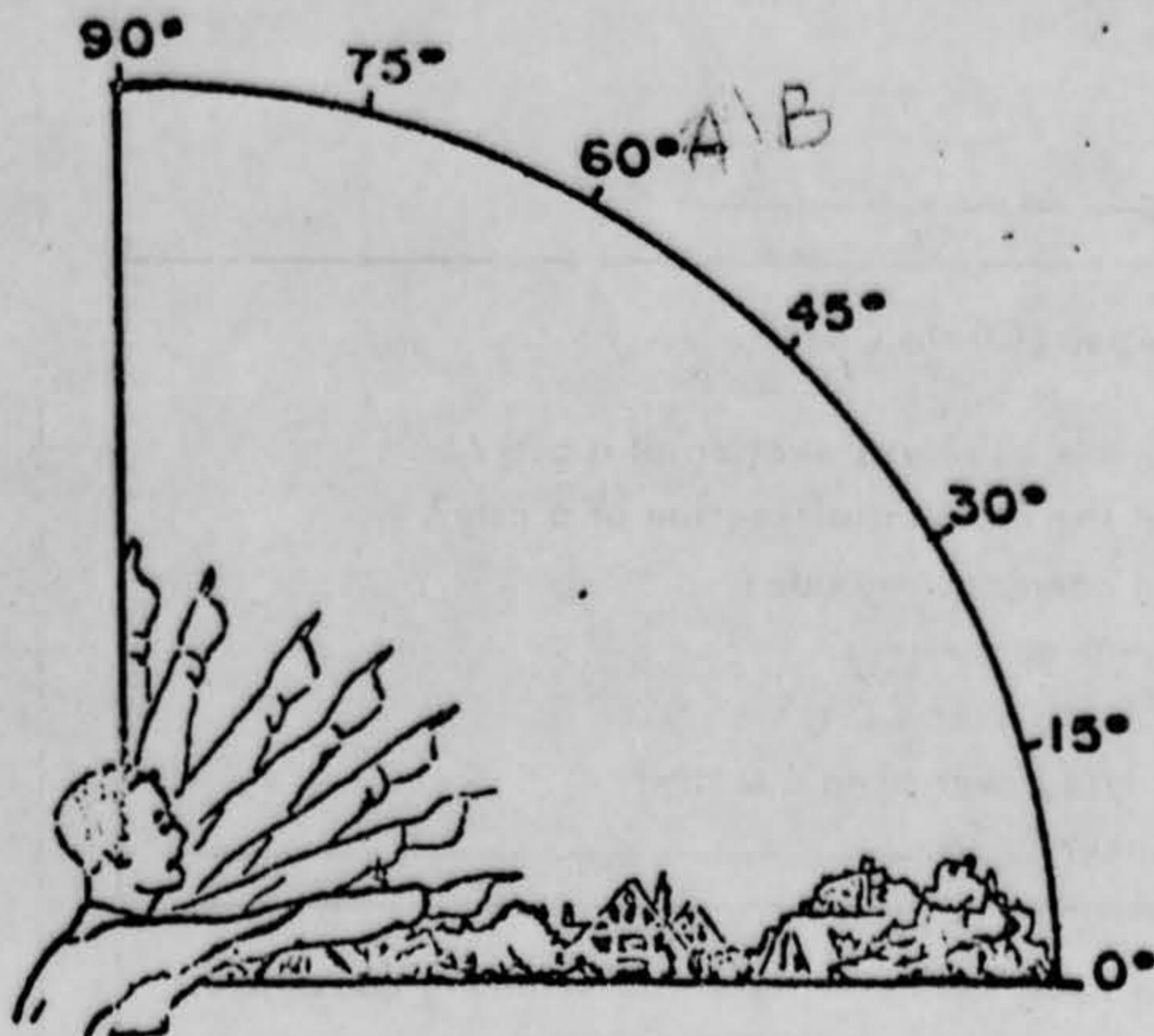
25. Did you observe the object through any of the following?

a. Eyeglasses	Yes	<input checked="" type="radio"/> No	e. Binoculars	Yes	<input checked="" type="radio"/> No
b. Sun glasses	Yes	<input checked="" type="radio"/> No	f. Telescope	Yes	<input checked="" type="radio"/> No
c. Windshield	Yes	<input checked="" type="radio"/> No	g. Theodolite	Yes	<input checked="" type="radio"/> No
d. Window glass	Yes	<input checked="" type="radio"/> No	h. Other	<i>my eyes</i>	

26. In order that you can give as clear a picture as possible of what you saw, describe in your own words a common object or objects which, when placed up in the sky, would give the same appearance as the object which you saw.

*Some kind of bird maybe  
and grey flat dish.*

27. In the following sketch, imagine that you are at the point shown. Place an "A" on the curved line to show how high the object was above the horizon (skyline) when you first saw it. Place a "B" on the same curved line to show how high the object was above the horizon (skyline) when you last saw it. Place an "A" on the compass when you first saw it. Place a "B" on the compass where you last saw the object.



28. Draw a picture that will show the motion that the object or objects made. Place an "A" at the beginning of the path, a "B" at the end of the path, and show any changes in direction during the course.



only a back and forth movement

29. IF there was MORE THAN ONE object, then how many were there? \_\_\_\_\_

Draw a picture of how they were arranged, and put an arrow to show the direction that they were traveling.

ONLY ONE

30. Have you ever seen this, or a similar object before. If so give date or dates and location.

NO

31. Was anyone else with you at the time you saw the object? (Circle One) Yes  No

31.1 IF you answered YES, did they see the object too? (Circle One) Yes  No

31.2 Please list their names and addresses:

32. Please give the following information about yourself:

NAME

First Name

Middle Name

ADDRESS

City

Zone

State

TELEPHONE NUMBER

AGE 12

SEX M

Indicate any additional information about yourself, including any special experience, which might be pertinent.

I'm twelve and go to school.  
I'm in seventh grade.

33. When and to whom did you report that you had seen the object?

20

Month

Year

To some friends  
and my mother

34. Date you completed this questionnaire:

50 09 60  
Day Month Year

35. Information which you feel pertinent and which is not adequately covered in the specific points of the questionnaire or a narrative explanation of your sighting.

It was small and grey  
as much as I know.